13067

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 Ross Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 301 Ross Street

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Ellsworth (Last) Alsip
4. DATE OF DEATH (Month) Nov. (Day) 15 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-13-1882
9. AGE last birthday 70 yrs. If under 1 year Months 7 Days 2 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Letterkenny
11. BIRTHPLACE (State or foreign country) Pondsville, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank P. Alsip
14. MOTHER'S MAIDEN NAME Anna Robison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spn. Amer.
16. SOCIAL SECURITY NO. 220-05-6238
17. INFORMANT AND ADDRESS Mrs. Geo. E. Alsip, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary occlusion

400.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Died unattended by physician

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 11/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-18-1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. Nov. 17, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 19 1952
BUREAU V. S.

Dr. William Layman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12945

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AI

1. PLACE OF DEATH:
   - COUNTY: Washington — MARYLAND
   - CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Hagerstown
   - LENGTH OF STAY (in this place): 2 weeks
   - HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   - STATE: Maryland — COUNTY: Wash
   - CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   - STREET ADDRESS (If rural give location): 156 W. Washington St

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Eileen (Last) Baker

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 3, 1920

9. AGE last birthday: 32 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sewing Machine oper.

10b. KIND OF BUSINESS OR INDUSTRY: Hag. Tent Awning Co.

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ira Palmer

14. MOTHER'S MAIDEN NAME: Lillian Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): none

16. SOCIAL SECURITY No.: 214-09-9940

17. INFORMANT & ADDRESS: Mrs. Louise Bowers 156 W. Washington St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
322.1 Immediate cause	(a) Cirrhosis of liver DUE TO	48 days Certain
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Alcoholism, chronic DUE TO	Uncertain
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 1952, to Nov 11, 1952, that I last saw the deceased alive on Nov 11, 1952, and that death occurred at 6.05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. D. Layman, M.D. — ADDRESS 5 Public Square Hagerstown, Md. — DATE SIGNED Nov 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11-13-1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov 13 1952 — REGISTRAR'S SIGNATURE: Louise H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Hagerstown, Md

RECEIVED
NOV 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12946

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HIGHFIELD
LENGTH OF STAY (in this place) 3 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS BLUE RIDGE SUMMIT

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 3 E. ANTIETAM ST.

3. NAME OF DECEASED: (Type or Print) (First) INA (Middle) VIOLA (Last) BEACHLEY

4. DATE OF DEATH: (Month) NOV. (Day) 7 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 10/23/1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB PENTER

14. MOTHER'S MAIDEN NAME: ? SAGER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: DR. J.H. BEACHLEY HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

J43X

Immediate cause (a) Atypical Pneumonia — Interval Between Onset And Death 2 Hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Arteriosclerosis — 10 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio Vascular Disease

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1952, to Nov. 7, 1952, that I last saw the deceased alive on Nov. 7, 1952, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) P.J. Beachley M.D. ADDRESS Hagerstown Md. DATE SIGNED 11/7/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/10/52 — NAME OF CEMETERY OR CREMATORY Rose Hill Mausoleum — LOCATION (City, town, or county) Hagerstown — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov 10 1952 — REGISTRAR'S SIGNATURE Geo. W. Ferguson

24. FUNERAL DIRECTOR W. J. Norment, Hagerstown, Md. ADDRESS

VS. A15

RECEIVED
NOV 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12947

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 yr-4 mon
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washinton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 825 Hamilton Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Veronica (Last) Bittner

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan. 26, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wilkes Barre Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Monahan

14. MOTHER'S MAIDEN NAME: Julia Plunkett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Miss Margaret Bittner Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic nephritis — 1 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1952, to Nov. 18, 1952, that I last saw the deceased alive on Nov. 18, 1952, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS Williamsport Md. DATE SIGNED 11/19/52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF Nov. 21, 1952

NAME OF CEMETERY OR CREMATORY St. Anthony

LOCATION (City, town, or county) (State) Lancaster Penn.

DATE REC'D BY LOCAL REGISTRAR Nov. 19, 1952

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

RECEIVED
NOV 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Campbell

CERTIFICATE OF DEATH

12943

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
LENGTH OF STAY (in this place): 5 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Old Forge Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: West Virginia — Berkley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Martinsburg
STREET ADDRESS (If rural, give location): 512 W. Martin St. ✓

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) LLOYD (Last) BLONDEL

4. DATE OF DEATH: (Month) (Day) (Year) November 7 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/10/1876

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest

10b. KIND OF BUSINESS OR INDUSTRY: Clothing Mill

11. BIRTHPLACE (State or foreign country): Martinsburg, West, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony Blondel

14. MOTHER'S MAIDEN NAME: Clara Huber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: 234-01-7744

17. INFORMANT & ADDRESS: Mrs Richard Blondel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

434.1 Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 1-2 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27 1952, to Nov. 7, 1952, that I last saw the deceased alive on Nov. 7, 1952, and that death occurred at 330 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

H.B Campbell M.D 145 W Washington St. Hagerstown Md.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/10/52	Rosedale Cemetery	Martinsburg, W. Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/8/52	Chas H Bowers	Andrew K. Coffman	Hagerstown, Md.

RECEIVED
NOV 10 1952
BUREAU V. S.

Dr. Beachley

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 40

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown
STREET ADDRESS (If rural give location) Route # 40

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Ora (Last) Brewer

4. DATE OF DEATH: (Month) Nov. (Day) 21, (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Nov. 18, 1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
IF BIRTHPLACE (State or foreign country): Berryville, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob S. Stouffer
14. MOTHER'S MAIDEN NAME: Alice Rover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: J. Chester Brewer Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 Day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio Sclerosis — 10 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Dermatitis 1 Mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952, to Nov 21, 1952, that I last saw the deceased alive on Nov. 21, 1952, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Beachley M.D. ADDRESS Hagerstown Md DATE SIGNED Nov 24 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-24-1952
NAME OF CEMETERY OR CREMATORY Funkstown Cemetery
LOCATION (City, town, or county) (State) Funkstown, Md.
DATE REC'D BY LOCAL REGISTRAR Nov. 24, 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Hornbaker

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mo. Mg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4808 Westway Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) EVELYN (Last) BROWN
4. DATE OF DEATH: (Month) (Day) (Year) Nov 24 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feby 20 1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Brunswick Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Eugene Meadows
14. MOTHER'S MAIDEN NAME: No Record
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Walter Brown Chevy Chase Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

003.0

Immediate cause (a) Tuberculous empyema with adhesions of diaphragm & stomach, perforation of wall of stomach

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

Interval Between Onset And Death: Uncertain - possibly several months -

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — Unknown

19a. DATE OF OPERATION: 11-16-52
19b. MAJOR FINDINGS OF OPERATION: Perforation of wall of stomach from adjacent abscess -
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1952, to 11/24, 1952, that I last saw the deceased alive on 11/24 1952, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John H Hornbaker M.D. ADDRESS 154 W. Washington St. Hagerstown, Md. DATE SIGNED 11-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-26-52
NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery
LOCATION (City, town, or county) (State): near Washington D.C
DATE REC'D BY LOCAL REGISTRAR: Nov. 25, 1952
REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/AI

RECEIVED
NOV 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1011 Oak Hill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1011 Oak Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E. (Last) Bryan

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Feb. 6, 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months 9 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Cigar Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Bryanton, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonathan F. Bryan

14. MOTHER'S MAIDEN NAME: Ellen Reeves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs. J. C. Sunderland, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4221

Immediate cause (a) Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1952, to 11-12, 19....., that I last saw the deceased alive on 11-10, 1954, and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Dr. E W Ditto Jr (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 11/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE THEREOF 11-14-1952 NAME OF CEMETERY OR CREMATORY CHESTERFIELD CEMETERY LOCATION (City, town, or county) (State) Centreville, Maryland

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov 13 1952 Chas. H. Towers

24. FUNERAL DIRECTOR C. . Suter Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AID 8-51

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NOV 17 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 904 MARION St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 904 MARION St.

3. NAME OF DECEASED (Type or Print) (First) TEXANNA (Middle) JANE (Last) CARPER

4. DATE OF DEATH (Month) Nov. (Day) 15 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Dec. 29, 1868

9. AGE last birthday 83 yrs. If under 1 year Months 10 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Duties

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BERKELEY Co. W. VA.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Joseph HAYES

14. MOTHER'S MAIDEN NAME ISABELLE SHADE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS MRS. ROY MALATT, HAGERSTOWN, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis + Coronary Heart Disease

(c) Nephritis Chronic

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Long Standing Arthritic Condition

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1938, to Nov, 1952, that I last saw the deceased alive on Oct 31, 1952, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE C. G. Power, M.D. (Degree or title) ADDRESS 404 A King St Martinsburg W. Va. DATE SIGNED 11-15-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11/18/1952

NAME OF CEMETERY OR CREMATORY PRESBYTERIAN GERARDSTOWN, W. VA.

LOCATION (City, town, or county) (State) GERARDSTOWN & W. VA.

DATE REC'D BY LOCAL REG. Nov. 15, 1952

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR HOWARD K. BROWN, MARTINSBURG W. VA. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 362

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] — LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 North St., Hagerstown	STREET ADDRESS (If rural, give location) 106 North St.

3. NAME OF DECEASED (Type or Print)	(First) Edison	(Middle) Roosevelt	(Last) Cook	4. DATE OF DEATH	(Month) Nov. (Day) 23 (Year) 1952
5. SEX [illegible]	6. COLOR OR RACE [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]	8. DATE OF BIRTH [illegible]	9. AGE last birthday [illegible] yrs.	If under 1 year: Months [illegible] Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY [illegible]	11. BIRTHPLACE (State or foreign country) [illegible]	12. CITIZEN OF WHAT COUNTRY? [illegible]		
13. FATHER'S NAME William C. Cook		14. MOTHER'S MAIDEN NAME Emma Jane Sinclair			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]	16. SOCIAL SECURITY No. 214-09-9997	17. INFORMANT Mrs. [illegible] St.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — 16 hrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAMINER WASH. CO., MD. ADDRESS 115 [illegible] St. Hagerstown, [illegible] DATE SIGNED 11/[illegible]/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Nov. 26, 1952	NAME OF CEMETERY OR CREMATORY Tolson Cemetery	LOCATION (City, town, or county) (State) SHARPSBURG, Maryland
DATE REC'D BY LOCAL REG. Nov 26 1952	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Edith V. Leaf; Williamsport, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

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NOV 28 1952
BU[illegible] U. S.

Keadle

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 532 Salem Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 532 Salem Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Brenda (Middle) J (Last) Craig

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept. 5, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY: infant

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pressley P. Craig

14. MOTHER'S MAIDEN NAME: Ruby N Vannoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. Pressley P. Craig 532 [illegible] City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

475 x

Immediate cause (a) Capillary bronchiolitis — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

DUE TO

Antecedent cause(s) (b) Upper respiratory infection — 7 days

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from birth, 19....., to 11-11, 1952, that I last saw the deceased alive on 11-11, 1952, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE Robert F. Keadle (DEGREE OR TITLE) MD ADDRESS Hagerstown Md DATE SIGNED 11-14-52

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF 11-16-52

NAME OF CEMETERY OR CREMATORY Moravian Falls

LOCATION (City, town, or county) North Wilkesboro (State) N. C.

DATE REC'D BY LOCAL REG. Nov. 14, 1952

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

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NOV 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Hochlander
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
MARYLAND LENGTH OF STAY (in this place): 11 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 131 So. Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 131 So. Locust St.

3. NAME OF DECEASED: (First) MAGGIE (Middle) PEE (Last) CREEK
4. DATE OF DEATH: (Month) Nov (Day) 10 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Female	White	Married	May 25 1875	77 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Everett Pa.	USA

13. FATHER'S NAME: Francis Pee
14. MOTHER'S MAIDEN NAME: Sarah Karns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	------	None.	Arthur G. Creek Hagerstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) [illegible] DUE TO [illegible] — 6 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) [illegible] DUE TO — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to 10 Nov, 1952, that I last saw the deceased alive on 9 Nov, 1952, and that death occurred at 11:45 AM from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS [signature] DATE SIGNED 10 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/12/52 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 12, 1952 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 16-302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIS 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 915 Mulberry Avenue

3. NAME OF DECEASED: (Type or Print) (First) Roxanne (Middle) Marie (Last) Dailey

4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-25-1952

9. AGE last birthday: ____ yrs. IF UNDER 1 YEAR: Months ____ Days 9 IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? ____

13. FATHER'S NAME: Donald Dailey

14. MOTHER'S MAIDEN NAME: Helen Nuna Kephart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Donald Dailey, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Atresia of Small Intestine — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Congenital — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 9 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/27/52

19b. MAJOR FINDINGS OF OPERATION: Atresia of Small Intestine

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/25, 1952, to 11/4, 1952, that I last saw the deceased alive on 11/4, 1952, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James R Dwyer MD ADDRESS Hagerstown Md. DATE SIGNED 11/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 11-5-1952 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 5, 1952 — REGISTRAR'S SIGNATURE Elliott H Bowers

24. FUNERAL DIRECTOR — ADDRESS C. M. Suter & Sons, Hagerstown, Md.

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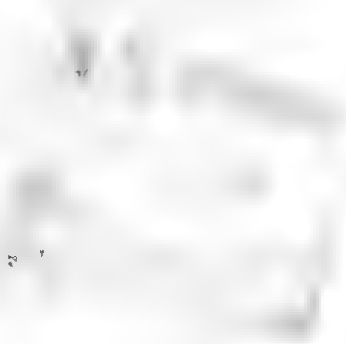

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Keedysville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Emory (Last) Dean
4. DATE OF DEATH (Month) Nov. (Day) 18 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-24-1893
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bridge Watchman
10b. KIND OF BUSINESS OR INDUSTRY B. & O. R.R.
11. BIRTHPLACE (State or foreign country) Point of Rocks--Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) War I
16. SOCIAL SECURITY NO. 705-07-7759
17. INFORMANT Mrs. Catherine E. Dean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tubercular meningitis	1 week
002X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tubercular cavitation and hemorrhage	2 months
	(c) Chronic pulmonary tuberculosis	2 Yrs. Plus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5, 1952, to 11/18, 1952, that I last saw the deceased alive on 11/17/52, 19__, and that death occurred at 4 P.m., from the causes and on the date stated above.

SIGNATURE W. H. Sheaby M.D. (Degree or title) ADDRESS Sharpsburg, Md. DATE SIGNED Nov. 19, 1952.

23. BURIAL, CREMATION REMOVAL (Specify) Bruial
DATE Nov. 21, 1952
NAME OF CEMETERY OR CREMATORY Fair-View
LOCATION (City, town, or county) Keedysville, Md (State)

DATE REC'D BY LOCAL REG. Nov. 21, 52
REGISTRAR'S SIGNATURE R. H. Jeeting
24. FUNERAL DIRECTOR R. I. Earnshaw--Keedysville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Clear Spring, Md.
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Residence- Big Spring Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring, Md. Rural
STREET ADDRESS (If rural, give location): Big Spring Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Charles C. Dennis

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 30, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 24, 1874

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer (Tenant)

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Cyrus Dennis

14. MOTHER'S MAIDEN NAME: Catherine Givler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: one

17. INFORMANT & ADDRESS: (Wife) Mrs. Leila Dennis- Clear Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Sclerosis	1 month
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio Sclerosis	5 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1952, to Nov 30 1952, that I last saw the deceased alive on Nov 29, 1952, and that death occurred at 7 P. M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

David R. Brewer M.D. Clear Spring Md. 11/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 2-52

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Clear Spring, Md.

DATE REC'D BY LOCAL REG.: Dec 2 - 1952

REGISTRAR'S SIGNATURE: Joseph W. Murray Local

24. FUNERAL DIRECTOR ADDRESS: Adrian A. Rowland Clear Spring, Md.

RECEIVED
DEC 5
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md. LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Alfred (Last) Donnelly.

4. DATE OF DEATH (Month) 11. (Day) 8. (Year) 52. 19

5. SEX Male.

6. COLOR OR RACE White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.

8. DATE OF BIRTH Nov. 28. 1869

9. AGE last birthday 83. yrs. If under 1 year Months 11. Days 20. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heating Engineer.

10b. KIND OF BUSINESS OR INDUSTRY Plumbing.

11. BIRTHPLACE (State or foreign country) New York.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Donnelly.

14. MOTHER'S MAIDEN NAME Hanna Fordoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.

16. SOCIAL SECURITY No. None.

17. INFORMANT AND ADDRESS Ralph H Donnelly. Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Senile Debility

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6, 1952, to 11-7, 1952, that I last saw the deceased alive on 11-7, 1952, and that death occurred at 4 A.M. m., from the causes and on the date stated above.

SIGNATURE Herbert R. Tobias M.P. (Degree or title) ADDRESS Hancock Md DATE SIGNED 11-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial.

DATE THEREOF 11.10.52.

NAME OF CEMETERY OR CREMATORY Enon Babtist Church.

LOCATION (City, town, or county) (State) Paw.Paw. W.V.A.

DATE REC'D BY LOCAL REG. 11-10-52

REGISTRAR'S SIGNATURE [signature] Heller

24. FUNERAL DIRECTOR Howard J Grove ADDRESS Hancock Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/AIA 8-51

S. Robert Wells, M.D. Coroner signed 11/15/52
DEPUTY MEDICAL EXAM.
WASH. CO., MD.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport Rt. #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) Jacob (Last) Ebersole

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-12-1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 10 Days 11 IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own own farm

11. BIRTHPLACE (State or foreign country): Maugansville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob F. Ebersole

14. MOTHER'S MAIDEN NAME: Cassandra Stoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) NONE

17. INFORMANT & ADDRESS: Mrs. Franklin Ebersole, Williamsport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

900.0
Immediate cause (a) Fracture of skull & extra dural
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) and sub Arachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN): Williamsport (COUNTY): Wash (STATE): Md
TIME OF INJURY (Month) 11 (Day) 8 (Year) 1952 (Hour) ÷ M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fall down stairs

22. I hereby certify that I attended the deceased from 11-9, 19 52, to 11-12, 19 52, that I last saw the deceased alive on 11-12, 19 52, and that death occurred at 1 6 ÷ m., from the causes and on the date stated above.

SIGNATURE: S. Robert Wells (DEGREE OR TITLE) M.D. ADDRESS: Williamsport, Md. DATE SIGNED: 11/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-15-1952
NAME OF CEMETERY OR CREMATORY: River View Cemetery
LOCATION (City, town, or county) (State): Williamsport, Md.

DATE RECD BY LOCAL REG.: Nov. 15, 1952
REGISTRAR'S SIGNATURE: Edgar H. Bowers

24. FUNERAL DIRECTOR: C. . . Suter & Sons, Hagerstown, Md. ADDRESS

RECEIVED
NOV 18 1952
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1301 Marshall St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural, give location) 1301 Marshall St.

3. NAME OF DECEASED: (Type or Print) (First) Genevive (Middle) Clarke (Last) Edwards

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: July 3, 1916

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James W. Fravel

14. MOTHER'S MAIDEN NAME: Mary Keadle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-10-3217

17. INFORMANT & ADDRESS: Merle Edwards, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 592X

Immediate cause (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NW

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to 6 Nov, 1952, that I last saw the deceased alive on 5 Nov, 1952, and that death occurred at 10:05 P.m., from the causes and on the date stated above.

SIGNATURE F. G. Lusby NW (DEGREE OR TITLE) ADDRESS 230 N Potomac DATE SIGNED 7 Nov 52

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF 11-9-1952

NAME OF CEMETERY OR CREMATORY Broadfording Cemetery

LOCATION (City, town, or county) (State) Broadfording, Md.

DATE REC'D BY LOCAL REG. Nov. 9. 1952

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son. ADDRESS Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45 8-51

RECEIVED
NOV 12 1952
BUREAU V.

Dr Kohler

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

302

Reg. Dist. No. 3-02

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 28 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Smithsburg R. D. #2

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Bruce (Last) Fishach

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 11/28/1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm Labor

11. BIRTHPLACE (State or foreign country): Edgemont Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry F. Fishach

14. MOTHER'S MAIDEN NAME: Catherine Miner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wm. Fishach, Smithsburg, Md R.D. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
157X	(c) Carcinoma of Pancreas	6 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐:

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Nov 15, 1952 to Nov 27, 1952 that I last saw the deceased alive on Nov 27, 1952 and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE: G. G. Kohler (Degree or title) MD ADDRESS: Smithsburg DATE SIGNED: 11/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/30/1952

NAME OF CEMETERY OR CREMATORY: Leitersburg Lutheran

LOCATION (City, town, or county) (State): Leitersburg Md.

DATE REC'D BY LOCAL REG.: Nov 29 1952

REGISTRAR'S SIGNATURE: Rev. W. Ferguson

24. FUNERAL DIRECTOR: Walter Y. Horst

ADDRESS: Waynesboro, Pa

Dec. 1, 1952 Rev. W. Ferguson

DEC. 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 W. Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 31 W. Church Street

3. NAME OF DECEASED: (Type or Print) (First) Hudson (Middle) Glenn (Last) Fritz

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 17 1896
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months 8 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor Tannery
10b. KIND OF BUSINESS OR INDUSTRY: Byrons Tannery
11. BIRTHPLACE (State or foreign country): Mercersburg Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodora Fritz
14. MOTHER'S MAIDEN NAME: Katherine Hornbaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1st. World War
16. SOCIAL SECURITY No.: 220-18-2201
17. INFORMANT & ADDRESS: 111 S. Artizan St. Mrs. Grace Mummert Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 33/X

Immediate cause (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 50 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Hemorrhage 3 years ago.

DUE TO

(c) Not Known.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1952, to Nov 1, 1952, that I last saw the deceased alive on Oct 31, 1952, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS Williamsport Md. DATE SIGNED Nov 3, 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 4-1952
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REG. Nov. 3-1952
REGISTRAR'S SIGNATURE E Lee McElroy
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Waltersburg MD#66
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bayonne
STREET ADDRESS (If rural, give location) 33rd Street ✓

3. NAME OF DECEASED (Type or Print) (First) Lawrence (Middle) (Last) Gorrity
4. DATE OF DEATH (Month) Nov. (Day) 1 (Year) 52 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2/16/29
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY U S Army
11. BIRTHPLACE (State or foreign country) Bayonne N.J.
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME John Gorrity
14. MOTHER'S MAIDEN NAME Katherine Corman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1949-
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Service Record U.S. Army files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Charred burns to entire body + extremities — 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Fetterburg Rd. (COUNTY) Hagerstown Wash. (STATE) Md
TIME OF INJURY (Month) 11 (Day) 1 (Year) 52 (Hour) 12:25 m. INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Auto overturned on Road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mells M.D. (Degree or title) Deputy Med. Exam. Wash. Co. Md. ADDRESS Hagerstown Md. DATE SIGNED 11.1.52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 11/6/52
NAME OF CEMETERY OR CREMATORY Bayonne
LOCATION (City, town, or county) Bayonne N.J. (State)

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 25 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Andrew (Last) Gibney

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 24. 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months — Days 24 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: — —
11. BIRTHPLACE (State or foreign country): Hagerstown Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lloyd Gibney
14. MOTHER'S MAIDEN NAME: Helen Ridenour

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Lloyd Gibney Funkstown Wash. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.1

Immediate cause (a) Congenital Heart Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) (a) Patent ductus

DUE TO (b) Patent foramen ovale

(c) (c) Transposition of great vessels.

Interval Between Onset And Death 24 days.

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Oct, 1952, to 18 Nov, 1952, that I last saw the deceased alive on 18 Nov, 1952, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard A. Young, M.D.
ADDRESS 318 N. Potomac St. Hagerstown
DATE SIGNED 19 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 20. 1952
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) Boonsboro Wash. Co. Md. (State)
DATE REC'D BY LOCAL REGISTRAR Nov. 19. 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Wm. F. Best & Sons
ADDRESS Boonsboro Md.

2002335407

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3[illegible]2

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (in this place) 46 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 West Side Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) 54 West Side Avenue

3. NAME OF DECEASED: (Type or Print) (First) Jay (Middle) Clarence (Last) Giles

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-17-1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months 8 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ret. Freight Conductor

10b. KIND OF BUSINESS OR INDUSTRY: N. W. R. R. Co.

11. BIRTHPLACE (State or foreign country): Emmasville, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Giles

14. MOTHER'S MAIDEN NAME: Hannah Diehl

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 719-05-3993

17. INFORMANT & ADDRESS: Franklin Giles, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

552X

Immediate cause (a) Chr. Myocarditis — Interval Between Onset And Death: 5 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Appendicitis (chronic) — 8 wks

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952, to Nov 26, 1952, that I last saw the deceased alive on Nov 24, 1952, and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) J. E. W. Ditty ADDRESS Hagerstown Md DATE SIGNED 11-28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-29-1952

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 29, 1952

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

DEC 12 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Braxton Alley

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland
STREET ADDRESS (If rural, give location) 17 Braxton Alley

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Gray
4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1952
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 3-11-1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Public utilities
11. BIRTHPLACE (State or foreign country) Sharpsburg, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Robert Gray
14. MOTHER'S MAIDEN NAME Martha Sewell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-10-3879
17. INFORMANT AND ADDRESS Mrs. Gertrude Johnson 8 Lincoln Ave. Carlisle, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive - Cardio - Vascular Disease (?)

44 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) undetermined -

(c) -

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none -

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT 0 (Specify) SUICIDE 0 HOMICIDE 0 -
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Hagerstown, Md (COUNTY) Wash (STATE) (Md.)
TIME (Month) (Day) (Year) (Hour) OF INJURY 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ 0
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from June 1st, 1952, to 11/3, 1952, that I last saw the deceased alive on 11/1, 1952, and that death occurred at 4 P.M. (?) m., from the causes and on the date stated above.

SIGNATURE Victor D Miller (Degree or title) ADDRESS DATE SIGNED 11/4 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-6-1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Nov. 6. 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR John P. Watson Jr. ADDRESS Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural, give location) 25 N. Locust St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Howard (Last) Griffith

4. DATE OF DEATH (Month) Nov. (Day) 21 (Year) 52

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 6, 1877
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Highfield Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John H. Griffith
14. MOTHER'S MAIDEN NAME Cecelia Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-09-7354a
17. INFORMANT AND ADDRESS Mrs. Gertrude Reesman Hag. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage & shock

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 11·21·52 4 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell [illegible] of sectum [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ☑, suicide , homicide , undetermined*

SIGNATURE (Degree or title) Robert Melin M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac Hagerstown, Md.
DATE SIGNED 11/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 24, 1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REG. 11.24.52
REGISTRAR'S SIGNATURE [illegible] Howers
24. FUNERAL DIRECTOR Scott F. Minnich & Son
ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 yr. 4 mon
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) (Last) Grimm

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown
8. DATE OF BIRTH: July 10, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Life
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Bentonsville Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Matthews
14. MOTHER'S MAIDEN NAME: Rachael Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ---
17. INFORMANT & ADDRESS: Wash. County Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial infarction, acute, severe	3 minutes
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease	unknown
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 07, 19 52, to Nov. 23, 1952, that I last saw the deceased alive on Nov. 20, 1952, and that death occurred at 2:00 m., from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen (DEGREE OR TITLE) MD ADDRESS Clear Spring, Maryland DATE SIGNED November 24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 24, 1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov. 24, 1952 Chas H Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son Hag. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5 8-51

RECEIVED
NOV 26 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 20 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BELLVIEW - WASH. Co. HOME.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) (Last) GROSS

4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER 9 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JANUARY 15 1882

9. AGE last birthday: yrs. 70 9 24
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NO RECORD

14. MOTHER'S MAIDEN NAME: NO RECORD

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. ELIZABETH BOWERS BOONSBORO MD. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) HYPERTENSIVE CARDIO- DUE TO

(c) VASCULAR DISEASE

Interval Between Onset And Death
(a) 1 WK.
(b) UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to Nov. 09, 1952, that I last saw the deceased alive on Nov. 07, 1952, and that death occurred at 5:15 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Robert Cohen M.D ADDRESS Clear Spring Md. DATE SIGNED 11-11-52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF Nov. 12, 1952
NAME OF CEMETERY OR CREMATORY MT. LENA CEMETERY
LOCATION (City, town, or county) (State) MT. LENA WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR Nov. 12, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS WM. F. BAST AND SONS BOONSBORO MD.

Dr. Cohen

RECEIVED
NOV 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Norment

Reg. Dist. No. 302

1511

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS-15 8-51

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 5 wks

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Penna. COUNTY Adams

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Blue Ridge Summit

STREET ADDRESS (If rural, give location)

✓

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
George Elmer Harbaugh	Nov. 8 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widower	Oct. 13, 1867	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Own Farm	Harbaughs Valley, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Carlton J. Harbaugh	Amanda Wagaman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no — no	none	Chester W. Harbaugh

18. MEDICAL CERTIFICATION — Blue Ridge Summit, Pa.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
486 X		
Immediate cause	(a) Broncho pneumonia	4 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Influenza	2 days
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's disease — 2 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
0	0	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
0 M.		

22. I hereby certify that I attended the deceased from Oct. 1, 19 52, to Nov. 8, 1952, that I last saw the deceased alive on Nov. 8, 19 52, and that death occurred at 12 15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Dr. Norment MD 119 E. Antietam St Hagerstown Md 11/8/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 10, 1952	St. Jacobs Cemtery	Harbaughs Valley, Pa.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — LOCAL DIRECTOR — ADDRESS

Nov. 10. 1952 — Chester H. Bowers, — Andrew K. Coffman, Hagerstown, Md.

NOV 12 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A16 8-51

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Williamsport Md.

LENGTH OF STAY (in this place) 51 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Artizan Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.

STREET ADDRESS (If rural, give location) 208 Artizan Street

3. NAME OF DECEASED: (Type or Print) (First) Alvey (Middle) Sylvester (Last) Harsh

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Oct. 9 1886	66 yrs.	0	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
boss Tannery	Tannery Byrons	Wash. Co., Md.	USA

13. FATHER'S NAME: Charles Harsh

14. MOTHER'S MAIDEN NAME: Annie Pittinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
None	No	217-01-3803	Mrs. Blanch Harsh 208 Artizan St. Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	30 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1952, to Nov. 8, 1952, that I last saw the deceased alive on Nov. 6, 1952, and that death occurred at 1 [illegible] m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M.D. Williamsport Md. Nov. 10, 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 11-52	Greenlawn Cemetery	Williamsport Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 10-1952	E Lee Yingling	Albert L. Neaf	Williamsport Md.

BUREAU V. S.

Dr. Hirshman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 35 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 837 Chestnut St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 837 Chestnut St.

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) ELIZABETH (Last) HENDRICKS

4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 30, 1879

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Shippensburg, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James A. McBeth

14. MOTHER'S MAIDEN NAME: Sophia Strayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Samuel H. Hendricks, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Cardiovascular Disease — ?
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 19 52, to Nov 3, 19 52, that I last saw the deceased alive on Nov. 2, 19 52, and that death occurred at 1:30 A.M., from the causes and on the date stated above.
SIGNATURE: Chas H Bowers (DEGREE OR TITLE) MD ADDRESS Hagerstown Md DATE SIGNED 11/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/5/52
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Nov. 5, 1952
REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: Hagerstown, Md.

Items ,9: film G148 11-1[illegible]-52 L (aff. of son)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 352

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) DAGMAR HOTEL

3. NAME OF DECEASED (Type or Print) (First) LOUIS (Middle) KEMP (Last) HENNINGHAUSEN

4. DATE OF DEATH (Month) NOV. (Day) 5 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH 12/3/1876
9. AGE last birthday 1877 75 yrs. 74
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED AGENT
10b. KIND OF BUSINESS OR INDUSTRY U.S. INTERNAL REV.
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME FREDERICK T. HENNINGHAUSEN
14. MOTHER'S MAIDEN NAME SARAH LEPLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT MR. C. M. HARRISON 608 E. 41 ST. BALTIMORE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	5 min
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell dead on street

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS Hagerstown, Md. DATE SIGNED 11.5.52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/8/52
NAME OF CEMETERY OR CREMATORY Western Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)
DATE REC'D BY LOCAL REG. Nov 5 1952
REGISTRAR'S SIGNATURE Chas. H. Bower
24. FUNERAL DIRECTOR W. T. Norment, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1297

CERTIFICATE OF DEATH

Dr Welty

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND LENGTH OF STAY (in this place) 34 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1017 Oak Hill Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 1017 Oak Hill Ave

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) HOLZAPFEL Jr.

4. DATE OF DEATH: (Month) (Day) (Year) Nov 22 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 12 1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Vice Pres Blue Ridge Transportation Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Holzapfel Sr.

14. MOTHER'S MAIDEN NAME: Martha Eliz. Sipel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-

17. INFORMANT & ADDRESS: Mrs Julia McC. Holzapfel

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Ventricular Fibrillation	Seconds
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	DUE TO (b) Hypertensive Cardio-Vascular Disease	6 years
	DUE TO (c) Arteriosclerotic Heart Disease & Ass. Fibrillation	3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18 ,1947, to 11-22- ,1952, that I last saw the deceased alive on 11-22 ,1952, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE Dalton M. Welty (Degree or title) M D ADDRESS Hagerstown DATE SIGNED 11-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 11-25-52; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION (City, town, county) (State) Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR Nov. 25. 1952; REGISTRAR'S SIGNATURE Chas. H. Howard

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 2
BUREAU V. S.

DR. VICTOR MILLER

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAUGANSVILLE — LENGTH OF STAY (in this place) 10 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MENNONITE HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) BRINING APT. E. WASHINGTON ST.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) (Last) IRWIN

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 25 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MARCH 24 1868

9. AGE last birthday: 84 8 1 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BOONSBORO WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FONROSE IRWIN

14. MOTHER'S MAIDEN NAME: ELIZABETH RICKARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: HUGH A. FORD - BOONSBORO WASH. CO. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertension Cardio-Vascular Disease — Interval Between Onset and Death: ?

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0 — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to 11/20, 1952, that I last saw the deceased alive on 11/20, 1952, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE: Victor D Miller (Degree or title) DR. VICTOR D. MILLER — ADDRESS 131 W. WASHINGTON ST. HAGERSTOWN, MD — DATE SIGNED 11/26/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: NOV. 28. 1952 — NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY — LOCATION (City, town, or county) (State): BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG.: 11.29.1952 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS — ADDRESS: BOONSBORO MD

DEC 1

Dr. Lusby

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 331 S. Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 331 S. Locust St.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Gertrude (Last) Kane

4. DATE OF DEATH: (Month) Nov. (Day) 16, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct. 4, 1873
9. AGE last birthday: yrs. 79
IF UNDER 1 YR. Months | Days
IF UNDER 24 HRS. Hours | Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): near Carlisle, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Elliott
14. MOTHER'S MAIDEN NAME: Gertrude Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Miss M. Dorothy Kane 331 S. Locust St Hagerstown, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Ventricular Fibrillation	1hr +
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) arterio sclerotic Heart disease	10yrs +
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NM

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NV
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952, to 16 Nov, 1952, that I last saw the deceased alive on 14 Nov, 1952, and that death occurred at 5:30 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title): F F Lusby MD
ADDRESS: 230 N Potomac
DATE SIGNED: 17 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-18-1952
NAME OF CEMETERY OR CREMATORY: Funkstown Cemetery
LOCATION (City, town, or county) (State): Funkstown, Md.
DATE REC'D BY LOCAL REGISTRAR: Nov. 18, 1952
REGISTRAR'S SIGNATURE: Ethel H. Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md.
ADDRESS

VS. A 15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY [illegible]ington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]rsburg
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Y.M.C.A.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible]d. COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]ger town
STREET ADDRESS (If rural, give location) Y.M.C.A.

3. NAME OF DECEASED (Type or Print): (First) Jessie (Middle) Howard (Last) Kauffman
4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
[illegible]ale	white	[illegible]arried	Feb. 1901	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]r
10b. KIND OF BUSINESS OR INDUSTRY [illegible]er C. Co
11. BIRTHPLACE (State or foreign country) [illegible].
12. CITIZEN OF WHAT COUNTRY? [illegible].

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]-9[illegible]
17. INFORMANT AND ADDRESS [illegible] 7[illegible] Locust St. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? (Found dead in bed)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Person or title) S. Rokes Kelly M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 15 N. Potomac St. Hagerstown, Md DATE SIGNED 11/24/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	11-26-52	Charles Evans Crematory	Reading	Penna.

DATE REC'D BY LOCAL REG. [illegible]. 25, 19[illegible] REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.

NOV
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monroe - Rural
LENGTH OF STAY (in this place) one year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.1.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensburg - Rural
STREET ADDRESS (If rural give location) Smithsburg Md. R-2.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) William Eugene Kline

4. DATE OF DEATH: (Month) (Day) (Year) November - 6 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: February 28 - 1882
9. AGE last birthday: 70 - 8 - 8 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Wolfsville Fred. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah Kline
14. MOTHER'S MAIDEN NAME: Susan Linebaugh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Catherine M. Valentine Boonsboro Md. R.1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 [illegible]

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease — Interval Between Onset And Death: 10 yrs +

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Severe Multiple Rheumatoid arthritis — 10 yrs +

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 6 Nov, 1952, that I last saw the deceased alive on 1 Nov, 1952, and that death occurred at 5 PM, from the causes and on the date stated above.

SIGNATURE F. F. Lusky (Degree or title) MD ADDRESS 2300 Potomac Hagerstown Md DATE SIGNED 7 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF November 9, 1952
NAME OF CEMETERY OR CREMATORY Grossnickle Cemetery
LOCATION (City, town, or county) (State) near Myersville Fred. Co. Md.
DATE REC'D BY LOCAL REGISTRAR November 8, 1952
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN HALFWAY
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2415 VIRGINIA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN HALFWAY
STREET ADDRESS (If rural give location) 2415 VIRGINIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) OLIVIA (Last) KRETSINGER
4. DATE OF DEATH: (Month) NOV. (Day) 2 (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: 10/27/1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: EZRA KRETSINGER
14. MOTHER'S MAIDEN NAME: SUSAN GANTZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: MR. STANLEY L. KRETSINGER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 8 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — Indef.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 1949, to Nov 2, 1952, that I last saw the deceased alive on ——, 1951, and that death occurred at 7 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) B. R. Kretsinger MD
ADDRESS Hagerstown Md.
DATE SIGNED 11/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/5/52
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REGISTRAR Nov. 4, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W. T. Norment
ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID

S. A. [illegible]

1-52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Big Spring, Md. Rural
LENGTH OF STAY (in this place): 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Residence Big Spring, Md. R Ashton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Big Spring, Md.
STREET ADDRESS (If rural, give location): Ashton, Md.

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) B. (Last) Kriner

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 17-1873

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Kriner

14. MOTHER'S MAIDEN NAME: Mary Brant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Malinda E. Kriner (Wife) Big Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

350X

Immediate cause (a): Jacksonian Epilepsy — INTERVAL BETWEEN ONSET AND DEATH: 5 years

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to Nov. 26, 1952, that I last saw the deceased alive on Nov. 26, 1952, and that death occurred at 4.30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
David L. Brewer M.D. Clear Spring Md. 11/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 30-52

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Clear Spring, Md.

DATE REC'D BY LOCAL REG.: DEC 30-52

REGISTRAR'S SIGNATURE: Joseph W. Murray Local

24. FUNERAL DIRECTOR ADDRESS: Adrian H. Rowland, Clear Spring, Md.

RECEIVED
DEC 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1165 Hamilton Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location): 1165 Hamilton Blvd.

3. NAME OF DECEASED: (Type or Print) (First) orris (Middle) (Last) Linzner

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: NOT KNOWN

9. AGE last birthday: About 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retd. Shoe Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? NO.

13. FATHER'S NAME: NOT KNOWN

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: M. R. LINZNER, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

162X

Immediate cause (a) [illegible]

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) [illegible]

DUE TO

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 19 52, to Nov. 27 19 52, that I last saw the deceased alive on Nov 27, 19 52, and that death occurred at 10:05 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: S. Robert Wells M.D. 115 N. Potomac St. Hagerstown — DATE SIGNED: 11/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 11-28-1952 — NAME OF CEMETERY OR CREMATORY: Mt. Sharon Cemetery — LOCATION (City, town, or county) (State): Springfield, Pa.

DATE REC'D BY LOCAL REG.: Nov. 28, 1952 — REGISTRAR'S SIGNATURE: Chas. H. Rowers

24. FUNERAL DIRECTOR — ADDRESS: C. H. Suter & Sons, Hagerstown, Maryland

RECEIVED
DEC 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Wells

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 433 Mechanic Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 433 Mechanic Street

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Eugene (Last) Lushbaugh Jr.
4. DATE OF DEATH (Month) (Day) (Year) November 11, 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 16, 1952
9. AGE last birthday yrs. If under 1 year Months 2 Days 15 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) HAGERSTOWN
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Clarence Eugene Lushbaugh Sr.
14. MOTHER'S MAIDEN NAME Grace Jenkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Clarence E. Lushbaugh Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

57 Immediate cause (a) Acute intestinal intussusception

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD, (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS Hagerstown Md. DATE SIGNED Nov. 12. 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 13, 1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. Nov. 13, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman. Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithsburg
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg Rural
STREET ADDRESS (If rural, give location) Smithsburg Rt. 2

3. NAME OF DECEASED (Type or Print) (First) Nora (Middle) Grace (Last) Martin
4. DATE OF DEATH (Month) Nov. (Day) 1 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Apr. 23, 1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Washington County Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Martin
14. MOTHER'S MAIDEN NAME Margaret A. Clopper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. -----
17. INFORMANT AND ADDRESS Miss Amy Martin Smithsburg Rt. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute cerebral Hemorrhage — 5 min

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? (Fell dead in yard at home)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mills, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown Md. DATE SIGNED Nov. 3-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-4-52
NAME OF CEMETERY OR CREMATORY Leitersburg Luthern
LOCATION (City, town, or county) Leitersburg (State) Md.

DATE REC'D BY LOCAL REG. Nov. 4, 1952 Nov. 6-1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural, give location) 38 Avalon Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Joseph	Walter	McClane	Nov.	3	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widower	10-12-1874	78 yrs.	0	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Tool Pickler	Electrical	Frederick, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Ellis McClane	Laura Virginia Warrenfeltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO		NONE	Mrs. Catherine Lagmer, Chicago, Ill

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Hypertensive Cardio Vascular Renal — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hemiplegia — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 10 yrs. (b) 10 mos.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

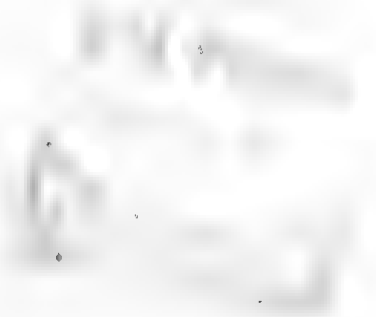
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-, 1952, to 11-3-, 1952, that I last saw the deceased alive on 11-3-, 1952, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE J. W. Leitz (DEGREE OR TITLE) ADDRESS Hagerstown, Md. DATE SIGNED 11/3/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-6-1952	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 5, 1952	Chas. H. Bowers	C. M. Suter & Sons	Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md.
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 50 Broadway

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Denniston (Last) McGraw

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 18, 1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): pittsburg, Pa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph F. Denniston

14. MOTHER'S MAIDEN NAME: Nannie C. Boullt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** A. Kretzer McGraw 50 Broadway. Hag.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) Arteriosclerotic Heart disease — Interval Between Onset and Death: 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

(260X)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 4 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947 to Nov. 18, 1952, that I last saw the deceased alive on Nov. 18, 1952, and that death occurred at 12:40 P. m., from the causes and on the date stated above.

SIGNATURE: K. A. Lee (DEGREE OR TITLE) M.D. ADDRESS: Hagerstown, Maryland. DATE SIGNED: 11-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 20, 1952
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL: Nov. 20 1952
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Scott T. Minnich & Son
ADDRESS: Hag. Md.

Item 22 FilmG148 11/13/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leitersburg Pike, Nr. Hag.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) East Franklin Street, Extended

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Lorena (Last) Moorbaugh

4. DATE OF DEATH (Month) Nov. (Day) 1 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-9-1932
9. AGE last birthday 20 yrs. If under 1 year Months 7 Days 0 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Charleston, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Grant Commer
14. MOTHER'S MAIDEN NAME Rosie Vance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Frank Moorbaugh, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Charred burns to entire body + extremities — INTERVAL BETWEEN ONSET AND DEATH 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Leitersburg Rd. (COUNTY) Hagerstown (STATE) Wash. Md.
TIME OF INJURY (Month) 11 (Day) 1 (Year) 52 (Hour) 12:25 A m.
INJURY OCCURRED While at work ☒ Not while at work ☑
HOW DID INJURY OCCUR? Auto overturned on road + burned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells, M.D. (Degree or title) Deputy Med. Ex. Wash. Co. Md. ADDRESS Hagerstown, Md. DATE SIGNED Nov. 1 - 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-1-1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. Nov. 1. 1952
REGISTRAR'S SIGNATURE G. Mus. F. Bowers
24. FUNERAL DIRECTOR ... Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Pike
LENGTH OF STAY (in this place) 12 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Church Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNA. COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) 636 [illegible] ST.

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) EMMA (Last) Mehaffey

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 19 52

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: JAN. 4, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): LEMASTER, PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: BRUCE A. MAHAFFEY [illegible] Broad St. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4200

Immediate cause (a) Arterio sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 years

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1952, to 11-10, 1952, that I last saw the deceased alive on 11-8, 1952, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE Dr. W. Ditto Jr. (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 11/14/52

23. BURIAL, CREMATION REMOVAL (Specify): [illegible]
DATE THEREOF NOV. 13, 1952
NAME OF CEMETERY OR CREMATORY SPRING GROVE CEMETERY
LOCATION (City, town, or county) LEMASTER, PENNA. (State)

DATE REC'D BY LOCAL REG. Nov. 12-52
REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR AUL KRAISS CHAMBERSBURG, PENNA. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

BOSTON U. S.
NOV 13 1902

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3-81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Rural

LENGTH OF STAY (in this place): 46 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near St. James

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Rural

STREET ADDRESS (If rural, give location): Near St. James

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E (Last) Messner

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 21, 1888

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home duties

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Luray, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew M. Cave

14. MOTHER'S MAIDEN NAME: Virginia L Gochenouer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: George M. Messner Hagerstown, Md. #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral hemorrhage — 2 wks

DUE TO

(c) Hypertensive Cardiovascular disease Indef

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-60, 19..., to 11-5, 19..., that I last saw the deceased alive on 11-4, 1952 and that death occurred at 11.06 A.M., from the causes and on the date stated above.

SIGNATURE Robert F. Ludle (DEGREE OR TITLE) M D ADDRESS Hagerstown DATE SIGNED 11-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-8-52

NAME OF CEMETERY OR CREMATORY Mt. Zion Ch. of Brethren

LOCATION (City, town, or county) (State) Luray Va.

DATE REC'D BY LOCAL REG. Nov. 6-52

REGISTRAR'S SIGNATURE E Lee M. Elroy

24. FUNERAL DIRECTOR ADDRESS Fred C. Kraiss Hagerstown, Md.

NOV 19 1952
EUREKA V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1291 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY WASHINGTON STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 2 WKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 118 S. PATTERSON PARK AVE. ✓

3. NAME OF DECEASED: (Type or Print) (First) VIOLA (Middle) FRANCES (Last) MINNICK

4. DATE OF DEATH: (Month) NOV. (Day) 29 (Year) 1952

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH: 1/28/1911 | 9. AGE last birthday: 41 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY: HOME | 11. BIRTHPLACE (State or foreign country): MATYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROY SWARTZ | 14. MOTHER'S MAIDEN NAME: LILLIE SOCKS

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: MR. JAMES M. MINNICK BALTIMORE MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute edema of larynx, post-operative DUE TO	about 30 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Diffuse goiter & hyperthyroidism DUE TO	6 mo.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 11-29-52 | 19b. MAJOR FINDINGS OF OPERATION: Thyroidectomy | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24, 1952, to 11-29, 1952, that I last saw the deceased alive on 11-29, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE John H. Hornbaker (Degree or title) M.D. ADDRESS 137 W. Washington St. Hagerstown, Md. DATE SIGNED 12-1-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/2/52 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 1, 1952 | REGISTRAR'S SIGNATURE Dwight Howard | 24. FUNERAL DIRECTOR W. T. Rodkey, Hagerstown, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:

COUNTY [illegible]ington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE [illegible]d. COUNTY [illegible]sh.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): 36 N. Locust

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Ann (Last) Mongan

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 19, 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Tilghmanton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frisby Mongan

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: John F. Thompson 36 N. Locust St. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

Antecedent cause(s) (b) Hypertensive Arteriosclerotic Cardiovascular Disease — 10 yrs +

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to 8 Nov, 1952, that I last saw the deceased alive on 8 Nov, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE: F. F. Lusby (DEGREE OR TITLE) ADDRESS: 230 N Potomac Hagerstown Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): [illegible]

DATE THEREOF: 11-11-52

NAME OF CEMETERY OR CREMATORY: Rose Hill

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL: Nov. 10, 1952

REGISTRAR'S SIGNATURE: Chas. F. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred [illegible] Praiss Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Samples Manor
LENGTH OF STAY (in this place) 6 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Samples Manor
STREET ADDRESS (If rural, give location) R.F.D. #1 Harpers Ferry, West Va.

3. NAME OF DECEASED (Type or Print) (First) Jean (Middle) Louise (Last) Morrison
4. DATE OF DEATH (Month) November (Day) 17, (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 3, 1952
9. AGE last birthday yrs. If under 1 year Months 1 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME George Morrison
14. MOTHER'S MAIDEN NAME Alma Louise Breeden.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Geo. Morrison R.F.D. #1 Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(1) (a) RESPIRATORY FAILURE due to increased intracranial pressure, due
(2) (b) Hydrocephalus (ARNOLD-CHIARI Syndrome)
(3) (c) SECONDARY TO THORACIC MENINGOMYELOCELE & PARALYSIS FROM MID THORACIC REGION + BELOW

INTERVAL BETWEEN ONSET AND DEATH
(1) 32 hours
(2) 5 weeks
(3) FROM BIRTH
(4) CONGENITAL DEFECT

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT 27th, 1952, to Nov. 17th, 1952, that I last saw the deceased alive on Nov. 17th, 1952, and that death occurred at 10:40 P. m., from the causes and on the date stated above. 11/18/52

SIGNATURE (Degree or title) Mary P. Warner, M.D. ADDRESS 1306 POTOMAC AVE HAGERSTOWN MD DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/19/52
NAME OF CEMETERY OR CREMATORY Samples Manor Cemetery
LOCATION (City, town, or county) Samples Manor (State) Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. Donald Eackles, Bolivar, W. Va. ADDRESS

[illegible] 4 4 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:

COUNTY [illegible]ington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 1 mo. 28 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible]ington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE [illegible]. COUNTY [illegible].

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): [illegible]ural [illegible]

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Amelia	Victoria	Moyer	11	27	19 2

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
fe le	White	single	Sept. 29, 1952	yrs.	1	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
infant	infant	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Stearl Moyer	Jean Billman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		none	Stearl Moyer Hagerstown, Md. Route 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

7625

Immediate cause (a) Atelectasis — DUE TO — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Aspiration formula — DUE TO — Interval between onset and death: 3 days.

(c) Pneumonitis. — Interval between onset and death: 58 days.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Anemia, secondary — Interval between onset and death: 3 days.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

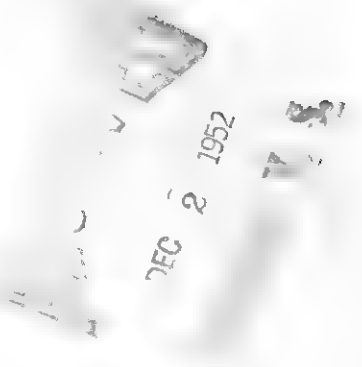
22. I hereby certify that I attended the deceased from Sept 29, 1952 to Nov 22, 1952, that I last saw the deceased alive on Nov 22, 1952, and that death occurred at 3:29 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: W. D. Layman, M.D. Hagerstown Md. — DATE SIGNED: Nov 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	11-30-52	Rest Haven	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 29, 1952	Chas H Howard	Fred W. Kraiss	Hagerstown, Md.

20921171321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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Stauffer

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 18 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co, Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Wilson Md.
STREET ADDRESS (If rural give location) Hagerstown. R.D.2

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Elmer (Last) Myers

4. DATE OF DEATH: (Month) (Day) (Year) November 10 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: June 4,1889
9. AGE last birthday: ~~65~~ 63 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm Lobor
10b. KIND OF BUSINESS OR INDUSTRY: Farm Lobor
11. BIRTHPLACE (State or foreign country): Washington Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Myers
14. MOTHER'S MAIDEN NAME: Amanda S. Remley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: C. Earl Myers Hagerstown, R.D.5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

053.4

Immediate cause (a) DUE TO Septicemia unassociated with bacteremia

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 5 days.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9, 1952, to Nov 10, 1952, that I last saw the deceased alive on Nov 10, 1952, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE R. S. Stauffer (Degree or title) M.D. ADDRESS Hagerstown Md DATE SIGNED Nov 11, 1952

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Nov,13,1952
NAME OF CEMETERY OR CREMATORY Leitersburg Lutheran
LOCATION (City, town, or county) (State) Leitersburg, Md
DATE REC'D BY LOCAL REGISTRAR Nov 12, 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Walter Y Grove
ADDRESS Waynesboro, Penna.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1

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NOV 14 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Conococheague Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) Conococheague Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Earl (Last) Norris

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 20 1903

9. AGE last birthday: 49 yrs.
IF UNDER 1 YEAR Months 6 Days 25
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Tannery

11. BIRTHPLACE (State or foreign country): Mt. Savage Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Ault Norris

14. MOTHER'S MAIDEN NAME: Myrtle M. Howe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 214-05-8909

17. INFORMANT & ADDRESS: R. F. Apt. Conococheague Mrs. Anna Porter Norris Williamsport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13/52, 19....., to 11/13/52, 19....., that I last saw the deceased alive on 11/13/52, 19....., and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
C Young M.D. Williamsport Md 11/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 16-52
NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery
LOCATION (City, town, or county) (State): Boonsboro Maryland

DATE REC'D BY LOCAL REG.: Nov. 14-1952
REGISTRAR'S SIGNATURE: E Lee McElroy

24. FUNERAL DIRECTOR ADDRESS: Albert L. Leaf Williamsport Md.

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NOV 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place): 30 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 249½ Summit Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural, give location) 249½ Summit Ave.,

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Nora	E	Redmond	11	8	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	divorced	Sept. 5, 1895	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housduties	home	West Virginia	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Houck	Katherine Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Vivian Hackman Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
442.X Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardiovascular Disease	years.
	DUE TO (c) Arterio Sclerosis	4

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov. 5, 19 52 to Nov. 8, 19 52, that I last saw the deceased alive on Nov. 8, 19 52, and that death occurred at 4 P. M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Mary J. Hackman M.D. ADDRESS Hagerstown Md. DATE SIGNED 11/13/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-12-52	Rose Hill	Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 10. 1952 — REGISTRAR'S SIGNATURE: Grace H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Fred W. Kraiss Hagerstown, Md.

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) APPLETOWN RURAL
LENGTH OF STAY (in this place) 3 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOONSBORO MD. R.2.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 604 N. MULBERRY ST.

3. NAME OF DECEASED: (Type or Print) (First) DELLA (Middle) MAE (Last) REEDER

4. DATE OF DEATH: (Month) NOVEMBER (Day) 23 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: AUGUST-2-1882
9. AGE last birthday: 70-3-21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11 BIRTHPLACE (State or foreign country): BOONSBORO WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHRISTIAN EASTERDAY
14. MOTHER'S MAIDEN NAME: AMANDA HOUPT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS. VIRGINIA R. SNIDER 604 N. MULBERRY ST. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7320

Immediate cause (a) DUE TO myocardial insufficiency — Interval Between Onset And Death: 2 yrs. plus

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO osteoarthritis deformans — 15 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcer with hemorrhage — 2 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19 , to Nov. 23, 1952, that I last saw the deceased alive on 11/15, 1952, and that death occurred at 8.30 A.M., from the causes and on the date stated above.

SIGNATURE Walter H. Shealy (Degree or title) M.D. ADDRESS Chambersburg, Md. DATE SIGNED 11/23/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF NOV. 25, 1952
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) BOONSBORO WASH. CO. MD. (State)
DATE REC'D BY LOCAL REGISTRAR Nov. 25. 1952
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 28
BUREAU M. S.

Item 9 FilmG148 11/17/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Young

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 East Antietam St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 212 East Antietam, St.

3. NAME OF DECEASED: (Type or Print) (First) Flora (Middle) A. (Last) Rider
4. DATE OF DEATH: (Month) (Day) (Year) November 8, 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 26, 1897
9. AGE last birthday: ~~56~~ 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Near Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Evans
14. MOTHER'S MAIDEN NAME: Joanna Wakeland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Carl Rider Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Myocardial Infarction	4 hrs
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary Occlusion	4 hrs
	DUE TO		
	(c)	Coronary Arteriosclerosis	1 yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1935, 19....., to 11/8/52, 19....., that I last saw the deceased alive on 11/7/52, 19....., and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE Clark Young (DEGREE OR TITLE) MD ADDRESS Hagerstown, Md DATE SIGNED 11/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 11/52
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown ?Md
DATE REC'D BY LOCAL REG. Nov 10 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

NOV 12
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ...n; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...ce Store, rural; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 40 (Keyser)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY ...; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Town Creek, Hampshire; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daniel	Floyd	Roby	11	13	19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
M	W	Married	Aug. 5, 1901	51 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
...ner	...ather	...n	...

13. FATHER'S NAME: Albert Roby

14. MOTHER'S MAIDEN NAME: Mary Layton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO. 217-10-1951

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Embolism Heart Disease	½ hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

I20.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
...n W Dittz Jr	Dr	...gerstown Md	11/13/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
...ial	...2	...s Lawn Cem	...ior

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 13 1952	[illegible]	...mmerman Son	...ertown Md

Joseph Murray

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH — COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md. Washington. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Famie (Middle) Elizebeth (Last) Schriever.
4. DATE OF DEATH (Month) 11. (Day) 18. (Year) 52.
5. SEX Female.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.
8. DATE OF BIRTH Nov. 14, 1883
9. AGE last birthday 69. yrs. — If under 1 year Months / Days 4 — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker.
10b. KIND OF BUSINESS OR INDUSTRY Stitcher.
11. BIRTHPLACE (State or foreign country) Fulton County Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Hendershot.
14. MOTHER'S MAIDEN NAME Ellen Decker.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Elden C Shriever, Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1952, to Nov 18, 1952, that I last saw the deceased alive on Nov 10, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L M Shaffer MD — ADDRESS Hancock Md — DATE SIGNED 11/19/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 11.22.52. — NAME OF CEMETERY OR CREMATORY Methodist — LOCATION (City, town, or county) Buck Valley Penna. (State)

DATE REC'D BY LOCAL REG. 11/22/52 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR [signature] — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC

Dr. William Layman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 43 E. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Sheahan

4. DATE OF DEATH: (Month) Nov. (Day) 22, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: Nov. 27, 1870
9. AGE last birthday: 81 yrs — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: R.R. Construction Contr.
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Riverton, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sheahan
14. MOTHER'S MAIDEN NAME: Mary Purcell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mr. L. J. Purcell 2934 Macomb St Washington D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertensive cardiovascular disease — Interval Between Onset And Death: 3 years certain

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 2 years certain

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1949 19 , to Nov 22, 1952, that I last saw the deceased alive on Nov 22, 1952, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE: W. D. Layman, M.D. (Degree or title) 5 Public Square ADDRESS Hagerstown, Md DATE SIGNED Nov 24, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-25-1952
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.
DATE REC'D BY LOCAL REGISTRAR: Nov. 25, 1952
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1034 Concord St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1039 Concord St

3. NAME OF DECEASED (Type or Print): (First) Hilda (Middle) Lillian (Last) Smith
4. DATE OF DEATH: (Month) Nov. (Day) 4, (Year) 1952
5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Dec. 28, 1910
9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Waynesboro Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frederick Zimmerman
14. MOTHER'S MAIDEN NAME: Carrie Stoops
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: 1034 Concord St. Mr. David L. Smith, Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rheumatic Heart disease — Mar 1950

416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

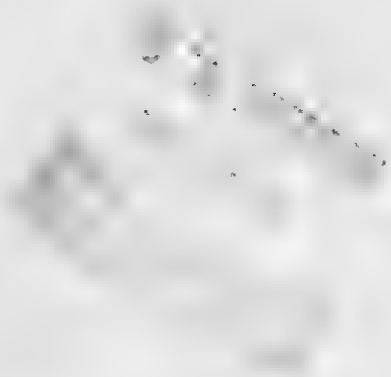
22. I hereby certify that I attended the deceased from Mar. 20, 1950, to Nov. 4, 1952, that I last saw the deceased alive on Nov. 4, 1952, and that death occurred at 6:12 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney Worcester M.D. Hagerstown Md 11-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/7/52 — NAME OF CEMETERY OR CREMATORY: Green Hill — LOCATION (City, town, or county) (State): Waynesboro Pa.

DATE REC'D BY LOCAL REG.: Nov. 7, 1952 — REGISTRAR'S SIGNATURE: Edwin H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Walter J. Grove, Waynesboro Pa.



Item 21 Film G149 12-5-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 31 N. Church Street

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Benjamin (Last) Staley

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 29 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 9 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 6 Days 19 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction

10b. KIND OF BUSINESS OR INDUSTRY: Retzer Contractor

11. BIRTHPLACE (State or foreign country): Indian Springs

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Staley

14. MOTHER'S MAIDEN NAME: Mary Ann Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: 217-09-9893

17. INFORMANT & ADDRESS: 31 N. Church St. Mrs. Mary S Staley Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

936.1

Immediate cause (a) Tetanus (Lock Jaw) — INTERVAL BETWEEN ONSET AND DEATH: 7 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 2 wks ago M.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Ran a wooden splinter in left middle finger while building a hoggen. Tried to remove splinter with pen knife.

22. I hereby certify that I attended the deceased from 11-25-52, 19....., to 11-29-52, 19....., that I last saw the deceased alive on 11-29-52 19....., and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE L. Young (DEGREE OR TITLE) M.D. ADDRESS Williamsport Md. DATE SIGNED 11-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec. 1 1952

NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

LOCATION (City, town, or county) (State) Williamsport Maryland

DATE REC'D BY LOCAL REG. Nov. 29 1952

REGISTRAR'S SIGNATURE Chas H Towers

24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf Williamsport Md.

BORBAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: Edgemont
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgemont
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) (Last) Stouffer
4. DATE OF DEATH: (Month) 11 (Day) 6 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept 27 1866
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months, Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Edgemont
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Swarbrick
14. MOTHER'S MAIDEN NAME: Margaret Swarbrick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Walter Farmere Edgemont md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Acute circulatory collapse	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arterio sclerotic heart disease	20 yrs
	DUE TO (c) Generalized arterio sclerosis	20 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chole lithiasis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar -, 1930, to 11-6, 1952, that I last saw the deceased alive on 11-5, 1952, and that death occurred at 9.30 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter Hurlsford — ADDRESS 15 W Main Waynesboro Penna — DATE SIGNED 11-6-52

23. BURIAL, CREMATION, REMOVAL (Specify) Bry
DATE THEREOF Nov 8/52
NAME OF CEMETERY OR CREMATORY Wellys Cemetery
LOCATION (City, town, or county) Greensburg md (State)
DATE REC'D BY LOCAL REGISTRAR 11/7/52
REGISTRAR'S SIGNATURE G. W. Ferguson
24. FUNERAL DIRECTOR A C Munich Greencastle Pa ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The ... is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-4

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemont
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edgemont

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemont
STREET ADDRESS (If rural, give location) Edgemont md.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) EDWARD (Last) STUFFLE

4. DATE OF DEATH: (Month) NOV (Day) 1 (Year) 195[illegible]

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11/17/1866
9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: U. M. R. Way
11. BIRTHPLACE (State or foreign country): Emmitsburg md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Stuffle
14. MOTHER'S MAIDEN NAME: Margaret Kuhn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: [illegible] wife [illegible] md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 3 hours

332X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ...

(c) Arterio-Sclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952 to Nov 1, 1952 that I last saw the deceased alive on Oct 30, 1952 and that death occurred at 6.30 P.M. from the causes and on the date stated above.

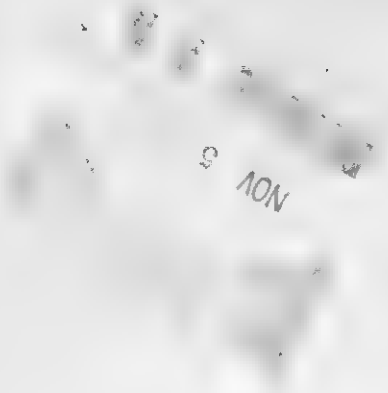
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. G. Kohler MD Emmitsburg 11/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE: Nov 4 1952 NAME OF CEMETERY OR CREMATORY: Mt. St. Mary's LOCATION (City, town, or county): near Emmitsburg (State): md

DATE REC'D BY LOCAL REG.: Nov 3-52 REGISTRAR'S SIGNATURE: Geo. N. Ferguson

24. FUNERAL DIRECTOR: C. E. Minnich ADDRESS: Emmitsburg Md



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (In this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lakin Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) S. Main St.

3. NAME OF DECEASED (Type or Print) (First) Lola (Middle) May (Last) Summers

4. DATE OF DEATH (Month) November (Day) 29 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 1, 1873
9. AGE last birthday 79-6-28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Boonsboro Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob N. Houpt
14. MOTHER'S MAIDEN NAME Amanda Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Frank M. Summers Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute dilatation of Heart	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Arthritis	20 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1952, to Nov. 29, 1952, that I last saw the deceased alive on Nov. 29, 1952, and that death occurred at 11.15 a.m., from the causes and on the date stated above.

SIGNATURE Ethel Wade (Degree or title) M. A. ADDRESS Boonsboro Md. DATE SIGNED Nov. 30th 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 1. 1952
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. Dec. 1. 1952
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Chas. F. Bast & Sons ADDRESS Boonsboro Md

RECEIVED
DEC 5
BUREAU V. S.

300

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~3016~~ 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 5 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home	STREET ADDRESS (If rural, give location) Smithsburg, R.D.2

3. NAME OF DECEASED (Type or Print)	(First) IVA	(Middle) C.	(Last) THOMPSON	4. DATE OF DEATH	(Month) 11	(Day) 27	(Year) 1952
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 6/15/1879	9. AGE last birthday 73 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (State or foreign country) Pen Mar, Washington Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Not Known		14. MOTHER'S MAIDEN NAME Annie C. Slentz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS C. L. Thompson Waynesboro Pa	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertension Arterio sclerotic Heart Disease	6 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia	6 mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3-, 1952, to 11-28, 1952, that I last saw the deceased alive on 11-26-, 1952, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. E. W. Dittop		Hagerstown Md	11/28/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/30/1952	NAME OF CEMETERY OR CREMATORY Burns Hill Cemetery	LOCATION (City, town, or county) (State) Waynesboro, Pa.
DATE REC'D BY LOCAL REG. Nov-27-52	REGISTRAR'S SIGNATURE Geo. W. Ferguson	24. FUNERAL DIRECTOR Walter Y. Hore	ADDRESS Waynesboro, Pa.

Dec. 1, 1952 Threw G. W. Ferguson H. Bowers

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALL

Dr. Wells

13008

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) none
HOSPITAL OR INSTITUTION OR STREET ADDRESS Found dead-1100 Oak Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue Ridge Summit
STREET ADDRESS (If rural, give location) Monterey Circle ✓

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) F. (Last) Tooker
4. DATE OF DEATH: (Month) Nov. (Day) 25, (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	11/25/1899	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inspector	Fairchild Aircraft	New York	USA

13. FATHER'S NAME Harold W. Tooker
14. MOTHER'S MAIDEN NAME Katherine Davison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	-----		Frances H. Tooker Blue Ridge Summit Pennsylvania

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) .....

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) acute coronary occlusion

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

/s/ Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. 115 N. Potomac Hagerstown Md 11.26.52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	11/28/52	Lee Funeral Home	Washington D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 26, 1952	Geo. H. Howard	Andrew K. Coffman, Hagerstown, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

NOV 28
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 3-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 474 North Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 474 North Potomac Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	William	Updegraff	Nov.	19	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	5-16-1894	58 yrs.		3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Citizen Manager	Glove Mfg. Co.	Hagerstown, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George F. Updegraff	Della Bower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Navy	NONE	Dr. Herman Bayer, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon monoxide poisoning 75%

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Garage	Hagerstown	Wash.	Md.

TIME OF INJUR (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
Nov.	19	1952	3 P.m.			Carbon Monoxide Gas

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH CO MD — ADDRESS: 115 N. Potomac St. Hagerstown, Md. — DATE SIGNED: 11/20/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-22-1952	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV. 22. 1952	Chas. H. Bowers	C. A. Suter & Sons,	Hagerstown, Maryland

S. A. Nitrate
1962
NOV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Hagerstown

LENGTH OF STAY (in this place): 6 wks

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R. R. #2

STREET ADDRESS (If rural, give location): 229 Spruce St.

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
ANNA	M.	WALKER	Nov.	7	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	8-5-1872	80 yrs.	3	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Domestic		Decatur, Illinois	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	NONE	Mrs. Shirley, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

156.1

Immediate cause — (a) Inoperable mass region of liver — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Probably Ca. Unable to get — DUE TO

(c) Post mortem - could not contact relatives

INTERVAL BETWEEN ONSET AND DEATH: 6-8 wks (?)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 11, 19.52, to ....., 19....., that I last saw the deceased alive on Nov. 5, 19.52, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE: H. D. Campbell — (DEGREE OR TITLE) M.D. — ADDRESS: Hagerstown, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-11-1952	Ros. Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 12, 1952	Leroy M. Fockler (Deputy Coroner)	C. L. Suter Sons, Hagerstown, Md.	

VS-A15 8-51

Walker

RECEIVED
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13011

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Rural, Hagerstown
LENGTH OF STAY (in this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD #6

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural, Hagerstown
STREET ADDRESS (If rural, give location): RFD #6

3. NAME OF DECEASED: (Type or Print) (First) Leighton (Middle) David (Last) Winters

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	July 8, 1880	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Night watchman	Dry Cleaning	Washington Co., Md.	

13. FATHER'S NAME: Theodore Winters

14. MOTHER'S MAIDEN NAME: Barabara A. Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	220-09-9218	Mrs. Geo. S. Miller Hag. Rt.6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

150X

Immediate cause — (a) Carcinoma of Esophagus — DUE TO — Interval Between Onset and Death: 4 mo.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of liver.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Aug. 2, 1952, to Nov. 16, 1952, that I last saw the deceased alive on Nov. 16, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE: Lloyd A. Hoffman — (DEGREE OR TITLE) M.D. — ADDRESS: 214 N. Potomac st. Hagerstown, Md. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-18-1952	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/18/1952	Chas. F. Bowers	Scott F. Minnich & Son, Hagerstown

RECEIVED
NOV 20 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13012

CERTIFICATE OF DEATH

Dr W. Layman

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): Hotel Dagmar

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) OLIVER (Last) WISE

4. DATE OF DEATH: (Month) (Day) (Year) Nov 19 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Aug 20 1880

9. AGE Last birthday: 72 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (even if retired): Manager Hotel Dagmar

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fort Atkinson Wis.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry A. Wise

14. MOTHER'S MAIDEN NAME: Fredericka Zimmerman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: 167-07-3588A

17. INFORMANT & ADDRESS: Mr George S. Lehner

18. MEDICAL CERTIFICATION — Hotel Dagmar Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

4434
Immediate cause (a) Pneumonia, bronchial — 20 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Acute Pulmonary Edema — 32 hours
DUE TO
(c) Hypertensive Cardiovascular disease — Unknown
(9035)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fracture, femur, sub-capitellar — 8 days

19a. DATE OF OPERATION: Nov 17, 1952
19b. MAJOR FINDINGS OF OPERATION: Fracture, femur, sub-capitellar
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): As RESULT OF ACCIDENT
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): STREET
(CITY OR TOWN): HAGERSTOWN (COUNTY): WASHINGTON (STATE): MD
TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 11 1952 3 PM.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? PATIENT STAGGERED, FELL

22. I hereby certify that I attended the deceased from Nov 11, 1952, to Nov 19, 1952, that I last saw the deceased alive on Nov 18, 1952, and that death occurred at 4.25 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): W. D. Layman, MD
ADDRESS: 5 Public Square Hagerstown Md
DATE SIGNED: Nov 19, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/21/52
NAME OF CEMETERY OR CREMATORY: Alleganey County Mem. Park
LOCATION (City, town, or county) (State): McCandless Twshp Penna

DATE REC'D BY LOCAL REGISTRAR: NOV. 20, 1952
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 24 19
BUREAU V. S.